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UPDATE ARTICLE

Audio description in health: systematization of strategies for care before, during, and after the service

Audiodescrição em saúde: sistematização de estratégias para o cuidado antes, durante e depois do atendimento

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KEYWORDS:

Audio description; Accessibility; Visual Impairment; Health Communication; Patient Autonomy.

ABSTRACT

This article presents audio description as a communication strategy applicable to the medical context and shows its practical uses before, during, and after healthcare services. This theoretical-descriptive study uses an analytical-conceptual approach and is based on the observation of common situations of clinical practice and on the analysis of communication barriers faced by visually impaired individuals. The systematization of practices is based on the principles of communicational accessibility and Brazilian regulatory documents. Possibilities for applying audio description were identified at three stages of care: institutional communication and reception, direct clinical interaction, and post-care follow-up. These stages comprised the verbal description of visual information, verbal spatial orientation, tactile mediation combined with structured explanations, and adaptation of information materials. These factors help understand the clinical condition and autonomous execution of therapeutic measures. In conclusion, incorporating the basic principles of audio description helps reduce information barriers, increase autonomy, and promote safety and dignity in the care of people with visual impairments, rendering it an important component of person-centered care.

PALAVRAS-CHAVE:

Audiodescrição; Acessibilidade; Deficiência Visual; Comunicação em Saúde; Autonomia do Paciente.

RESUMO

Este artigo apresenta a audiodescrição como estratégia comunicacional aplicável ao contexto médico e apresenta possibilidades práticas de uso antes, durante e depois do atendimento em saúde. Trata-se de estudo teórico-descritivo, de abordagem analítico-conceitual, baseado na observação de situações recorrentes da prática clínica e na análise de barreiras comunicacionais enfrentadas por pessoas com deficiência visual, com sistematização de práticas fundamentadas em princípios de acessibilidade comunicacional e documentos normativos brasileiros. Foram identificadas possibilidades de aplicação da audiodescrição em três momentos do cuidado: comunicação institucional e acolhimento, interação clínica direta e acompanhamento pós-atendimento, incluindo descrição verbal de informações visuais, orientação espacial verbal, mediação tátil associada à explicação estruturada e adaptação de materiais informativos, favorecendo compreensão do quadro clínico e execução autônoma de condutas terapêuticas. Conclui-se que a incorporação de princípios básicos de audiodescrição contribui para reduzir barreiras informacionais, ampliar a autonomia e promover maior segurança e dignidade no cuidado em saúde de pessoas com deficiência visual, configurando componente relevante do cuidado centrado na pessoa.

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INTRODUCTION

Communication in the modern world relies heavily on visual references. It is no different in medical settings: demonstrating movements, pointing out structures in examinations, or indicating positions during procedures are routine, and often automated, practices.

For visually impaired patients, some of this information simply does not come through, even if the care provided is attentive and thorough. The result is not just a failure of understanding, but a practical barrier: treatments followed incorrectly, insecurity in mobility, and dependence on third parties to adhere to the instructions that could have been understood directly during the interaction between the professional and the patient.

The sense of sight allows humans to appreciate approximately 80% of the information available in the world around them[1]. To be visually impaired in this scenario is to be vulnerable, especially when accessibility resources are denied.

In this context, audio description emerges as a communication strategy by allowing patients to understand what they need to do, why they need to do it, and how to do it, which is essential for their autonomy.

Audio description is an example of intersemiotic translation that consists of transforming images into words [...] while respecting the characteristics of the intended audience. It is primarily employed for blind people and individuals with low-vision [...]; it is applied to everything that can be seen[2].

In a markedly visuocentric society guided primarily by the sense of sight, access to information presupposes the ability to see. In the context of health, this assumption would turn communication into a silent barrier. Patients may agree with instructions they have not fully understood, only to later realize they are difficult to put into practice outside the clinical environment.

According to data from the IBGE, there are more than 6.5 million visually impaired people in Brazil[3], of whom over 500,000 are blind, and approximately 6 million have low vision. This significant portion of the population studies, works, starts a family, attends public spaces, and uses healthcare services frequently, including consultations, exams, and diagnostic procedures. Experiential reports indicate that the lack of audio description may limit these individuals' participation during important moments of care. For example, the detailed audio description of the images of an obstetric ultrasound scan allowed a visually impaired pregnant woman to mentally construct the image of her baby and engage in prenatal care more actively[4]. The doctor herself reported that she used to explain the examination to sighted patients, but providing more audio-description made a significant difference in terms of patients' understanding. Situations like this show that the barrier is not in the examination itself but in how the information is communicated.

Most medical advice depends on visually demonstrated information. Expressions like "look up," "bring the bottle closer," "follow the arrow on the screen," or "come back if you notice any changes" presuppose visual access to the indicated references. When this assumption is not met, the patient may only partially understand the medical guidance or not understand it at all.

Audio description reorganizes this communication by replacing visual cues with more effective instructions and strategies adjusted to the context: instead of demonstrating, the information is audio-described; instead of pointing, spatial references are provided verbally; and instead of presupposing visual perception, the partial or total absence of sight is acknowledged, and the necessary actions are taken to ensure clear understanding.

It is not a question of turning health professionals into specialized audio-descriptors, but of understanding how each patient gains access to information. The adoption of basic principles of communicational accessibility can be integrated into care and promotes autonomy, safety, and dignity in care, as supported by training experiences in health settings wherein audio description enhanced the understanding of information and the participation of visually impaired people[5].

This study aimed to present ways of applying audio description in healthcare at different instances before, during, and after care.

METHODS

This theoretical-descriptive study followed an analytical-conceptual approach. The work was developed by identifying recurring elements of healthcare practice and analyzing the communication barriers faced by visually impaired people in these contexts.

Routine situations in professional care (involving access to information, clinical interaction, and conti-

nuity of care) were listed and, for each one, potential solutions based on the principles of audio description were presented. These proposals were not developed hypothetically; rather, they were based on inclusive attitudes already implemented in different social contexts and recognized as promoting the understanding, autonomy, and participation of visually impaired people. This knowledge is applicable in different scenarios, including healthcare.

In addition to observing patient care situations, we consulted Brazilian regulatory documents and institutional guidelines related to accessibility, inclusive communication, and audio description of visual content to support the proposals presented. The following documents stood out: ABNT NBR 9050; the Guide to Accessibility: accessibility in communication for comprehensive healthcare for people with disabilities; the Guide to Accessibility in communication for comprehensive healthcare for people with disabilities (Fiocruz); and the Guide for accessible audiovisual productions with audio description of images. These documents were used as a reference to identify the principles applicable to the context of health practice[6-9].

Care situations were organized by functional category and grouped according to the moment of care: pre-care communication, direct clinical interaction, and post-care follow-up. Each category was analyzed in the light of the principles of informational accessibility and patient autonomy.

The methodological objective was not to measure clinical effectiveness, but to systematize potential communication practices that are easy to implement and are likely to have a positive impact on patients' care.

RESULTS

The analysis of routine healthcare situations in the light of established accessibility practices helped identify ways to apply audio description in three stages of care: before, during, and after care.

1. Before the appointment - providing access to information and welcoming patients

Institutional websites and social media

Information about the clinic's location, specialties, and services is usually presented visually. The inclusion of structured textual audio descriptions enables blind patients to autonomously identify services, schedules, and contacts. The use of audio description on social media, along with inclusive hashtags (*#PraCegoVer*; *#ParaQueVejam,* etc.), enables access to visual information and identifies the health professional as an ally of people with disabilities.

Self-audio description by the professional

In the initial contact (in person or at events), a brief physical and positional audio description of the professional, provided by the professional themselves, helps establish spatial reference and recognition, fostering doctor-patient rapport and enhancing the sense of empathy.

The professional's verbal presentation promotes closer interaction with the patient, and this initial recognition contributes to the relational dimension of care, wherein the therapeutic bond is an essential part of the care process[10].

Accessible business card

Verbal audio description of the essential data on the card (name, specialty, telephone number, and digital channels) allows patients to record contact information without depending on third parties. A self-adhesive QR code providing audio access to this information would satisfactorily address this accessibility obstacle.

2. During care - clinical interaction

Verbal spatial orientation

Orientation and mobility is a fundamental area of rehabilitation for people with visual impairments, as it involves the ability to understand the environment and move around safely and independently. Verbal strategies for spatial positioning support the development of spatial awareness and enhance an individual's functional autonomy[11].

Offering your arm to guide the visually impaired patient to the point of care is a safe gesture. However, in certain circumstances, it is enough to verbalize information such as "to the right," "to the left," "in front," and "behind," and the person will be properly instructed on what to do. It is important to ask the person with disability what they think is better.

Tactile recognition associated with audio description

Anatomical models can be explored through touch while accompanied by an intentional verbal explana-

tion. It enhances the understanding of the structure of the human body and helps with the diagnosis.

Handling three-dimensional objects is an important means of knowledge construction for visually impaired people. Learning for visually impaired people relies heavily on tactile exploration[12] and actual experimentation, with touch being a fundamental mediator for the formation of concepts and the organization of spatial representations. The author points out that direct experience with objects promotes the understanding of shape, size, proportion, as well as the relationship between the parts.

The combination of tactile recognition and audio description enhances this cognitive construction. Allowing patients to explore anatomical models while receiving structured explanations enhances their understanding of the diagnosis and the proposed procedures and promotes their participation in care.

Audio description of exams

The verbal translation of imaging exams allows understanding of one's own clinical condition and promotes the patient's conscious participation in therapeutic decisions.

Providing information in an accessible format is a requirement of healthcare and a condition for the user's independence and is recognized as a component of quality care in the Unified Health System[13].

3. After care - continuity of care

After-care guidance

Providing sequential and objective instructions promotes the autonomous execution of care practices at home. Although the Braille system is the only form of reading that allows direct access to text for people with visual impairments, medical prescriptions sent as accessible PDFs, as text messages, and audio recordings—facilitated by instant messaging apps such as WhatsApp and Telegram—are alternatives to Braille in this context.

Accessible general instructions

Producing booklets, posts, and articles with clear, structured messages would not just benefit blind and low-vision people. Content produced using accessibility criteria, especially digital content, can be accessed by everyone, without restriction. It increases the professional's communication possibilities and meets the needs of those with and without disabilities, without necessarily resulting in higher costs.

DISCUSSION

Being able to access spaces and services without structural obstacles is a goal to be achieved by people with visual impairments. There have been significant advances in the field of assistive technologies, defined as an interdisciplinary area of knowledge that encompasses products, resources, methods, strategies, practices, and services designed to enhance functionality in the activities and participation of people with disabilities, incapacities, or reduced mobility, with the aim of promoting autonomy, independence, quality of life, and social inclusion. However, barriers still persist[14].

Audio description, as an assistive technology, allows medical care to align with the universal design perspective and visual information to be perceived in all environments and by all people.

Decree No. 5.296 defines universal design as a conception of spaces, artifacts, and products aimed at simultaneously accommodating all people, with varying anthropometric and sensory characteristics, in an autonomous, safe, and comfortable manner, representing the elements or solutions that constitute accessibility[15].

The concept of universal design underpins the discussion on accessibility by considering, from the outset, human diversity and the full participation of people with different profiles in social systems. It is not just a question of adapting existing products and services, but of designing spaces, resources, and methods that can be used by everyone, regardless of their disabilities. This perspective expands the possibilities for inclusion by incorporating diversity as a planning principle. In addition, it presupposes that people with disabilities have the autonomy to choose, among the available options, those that best meet their needs and preferences.

Communication barriers in health often lie not in the absence of information but in how it is conveyed. The predominance of visual references can exclude patients even in a setting where care is considered complete.

Applying the basic principles of audio description enriches communication without altering the clinical content. Professionals do not need to become accessibility experts, but they do need to recognize that different patients build their understanding through different sensory pathways and that audio description is part of this communication, insofar as two or more people can understand each other through it.

It should be noted that audio description is also recognized as an important resource for people with intellectual disabilities, autistic people, and the elderly[2]. Understanding how blind and low-vision people learn information improves the quality of communication for all patients and contributes to patient-centered care. In this context, accessibility is not an exceptional adaptation, but an improvement in professional practice that strengthens the inclusive ideal of a society built by everyone and for everyone.

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